## City of Artesia Application for a Preliminary Plat

Type or Print in BLACK or BLUE ink only:		Case No.
1Property Owner's Name	AddressCity/State/ZipPhone #	DATE:
2Property Owner's Name	Address City/ State/Zip Phone #	Flood Zone:
Agent's Name  Address City/ State/Zip Phone #	Street Side(Name	Located inside City Limits OR County/ 3 mile Jurisdiction \$200 Application fee
	erty Area: (Lot/Block/Subdivision, Tract, Section-Townshi	R
Original Subdivision Name:	FUTURE LAND USE PLAN  M	
Subdivision filed Date	ResidentialCommercialIndustrialPublicPark & Open SpaceReligious Institution CemeteryMix Use	
Proposed Subdivision Name:	Mobile Home HospitalParkingUndetermined  SHADED AREA FOR STAFF ONLY	
No. of Lots Blocks	Specifications are listed on the Instructional Sheet. All documentation and fees shall be required at the time this application is submitted, unless otherwise noted by the Community Development Staff.	
By signing this document, I acknowledge that I have been informed of the dates, times, and locations of the		
meetings for the Planning and Zoning Commission and City Council and that I and/or my agent shall attend the meetings in order to fulfill the requirements of this application.		
Agent's Signature		A
Property Owner's Signature(s)		